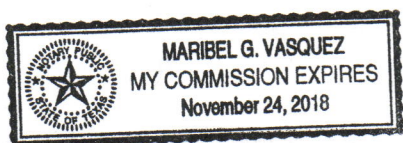


FORM C/OH  
COVER SHEET PG 2

## 18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wesley H. Mau, this the 14th  
day of January, 2016, to certify which, witness my hand and seal of office.

Manuel R. Vazquez

Signature of officer administering oath

Mauribel G. Vasquez

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">2</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mr.</span> <span>Wesley</span> <span>H.</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Wes</span> <span>Mau</span> </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="font-size: 1.2em; color: blue; transform: rotate(-15deg);"> RECEIVED  JAN 14 2016  ELECTION OFFICE </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px; margin-top: 5px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date Imaged</div>
	<div style="display: flex; justify-content: space-between;"> <span>ADDRESS / PO BOX;</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="padding-top: 5px;">255 Abbott Dr., Austin, TX 78737</div>		
<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between; padding-top: 5px;"> <span>( 512 )</span> <span>497-4327</span> </div>			
<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mrs.</span> <span>Shannon</span> <span>E.</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Fitzgerald</span> </div>			
<div style="display: flex; justify-content: space-between;"> <span>STREET ADDRESS (NO PO BOX PLEASE);</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="padding-top: 5px;">255 Abbott Dr., Austin, TX 78737</div> <div style="font-size: 0.8em; margin-top: 5px;">(Residence or Business)</div>			
<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between; padding-top: 5px;"> <span>( 512 )</span> <span>301-1610</span> </div>			
<div style="display: flex; justify-content: space-between;"> <span>9 REPORT TYPE</span> </div> <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>			
<div style="display: flex; justify-content: space-between;"> <span>10 PERIOD COVERED</span> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="text-align: center;"> Month   Day   Year  7 / 7 / 2015 </div> <div style="text-align: center;">THROUGH</div> <div style="text-align: center;"> Month   Day   Year  12 / 31 / 2015 </div> </div>			
<div style="display: flex; justify-content: space-between;"> <span>11 ELECTION</span> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 40%;"> ELECTION DATE  Month   Day   Year  / / </div> <div style="width: 60%;"> ELECTION TYPE  <input type="checkbox"/> Primary   <input type="checkbox"/> Runoff   <input checked="" type="checkbox"/> Other Description  <input type="checkbox"/> General   <input type="checkbox"/> Special   <u>Mid-term incumbent</u> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <span>12 OFFICE</span> </div> <div style="padding: 5px;">OFFICE HELD (if any)</div> <div style="padding: 5px;">Hays County Criminal District Attorney</div>		<div style="display: flex; justify-content: space-between;"> <span>13 OFFICE SOUGHT (if known)</span> </div>	

**GO TO PAGE 2**